UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Name of Officing (Check it this is an amendment and name has changed, and molecule change.)						
Series B Preferred Stock (and the common stock issuable upon conversion thereof)						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 [Section 4(6) ULOE					
Type of Filing: New Filing Amendment (Fifth)						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer.						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) NanoOpto Corporation						
Address of Executive Offices (Number and Street, City, State, Zip Code) 1600 Cottontail Lane, Somerset, NJ 08873	Telephone Number (Including Area Code) (732) 627-0808					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code) same					
Brief Description of Business design and manufacture of optical components	PROCESSEL!					
Type of Business Organization	MAIN 04 2009					
☐ limited partnership, already formed ☐ other	(please specify): THOMSON					
☐ business trust ☐ limited partnership, to be formed	FINANCIAL					
Actual or Estimated Date of Incorporation or Organization: Month Year						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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ACBASICIDENTIFICATION DAVIA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) NO MATERIAL CHANGES FROM INFORMATION PREVIOUSLY SUPPLIED Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner □ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No ⊠		
2.	2. What is the minimum investment that will be accepted from any individual?										\$	n/a	
3.										Yes ⊠	No □		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE													
Full	Name (Last name f	irst, if indiv	/idual) n/a									
Bus	iness or	Residence A	Address (Ni	umber and S	Street, City	, State, Zip	Code) n/a	l					
Nar	ne of As	sociated Br	oker or Dea	ler n/a									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "	All States" of	or check ind	lividuals St	ates)	••••••	•••••			••••••	••••••	🔲 A	Il States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual) n/a													
Bus	iness or	Residence A	Address (Ni	ımber and S	Street, City	, State, Zip	Code) n/a						.
Nar	ne of As	sociated Bro	oker or Dea	ler n/a									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "	All States" of	or check ind	lividuals St	ates)		•••••	••••••		••••••	••••••	🗆 A	11 States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual) n/a													
Bus	iness or	Residence A	Address (N	ımber and S	Street, City	, State, Zip	Code) n/a						
Name of Associated Broker or Dealer n/a													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individuals States)								🔲 А	ll States				
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Γ	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS					
	total expenses furnished in response to Par	e offering price given in response to Part C — Question 1 t C — Question 4.a. This difference is the "adjusted g	ross	\$7,392,299.46				
5.	of the purposes shown. If the amount for any	poss proceeds to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and check the payments listed must equal the adjusted gross proceeds to ion 4.b above.	box					
			Payments to Officers, Directors & Affiliates	Payments to Others				
	Salaries and fees		. 🔲 \$0	\$0				
	Purchase of real estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. [] \$0	\$0-				
	Purchase, rental or leasing and installation of	machinery and equipment	. 🗆 \$0	\$ -0-				
	Construction or leasing of plant buildings and	facilities	. 🔲 \$0	\$0-				
		e value of securities involved in this offering that may be ther issuer pursuant to a merger)		. 🗆 \$0				
	Repayment of indebtedness		. [] \$0	\$ -0-				
	Working capital		. [] \$0	\$7,392,299.46				
	Other (specify):		-					
	A SAME STATE OF THE SAME STATE		□\$ -0-	□ \$ -0-				
	Column Totals							
	Total Payments Listed (column totals added)		92,299.46					
	Total Tay Monte Distract (Contains totals address)		~ +1151	2,277.10				
Γ		D: FEDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
si	mature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this note of the total function of the	ce is filed under Rule on, upon written requ	505, the following est of its staff, the				
	suer (Print or Type)	Signature	Date	. , , , , , , , , , , , , , , , , , , ,				
N	noOpto Corporation	Kound Windam	2-23-	0 Y				
	nme of Signer (Print or Type) nry Weinbaum	Title or Signer (Print or Type) President and Chief Executive Officer						
	ATTENTION							

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

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